## 2019 FCSTAT Professional Development Conference TAFE ADVISOR'S WORKSHOP REGISTRATION FORM

Please complete this form with the requested information.

Name		
Job Function (Check One) Teac	her Teacher Educator	Administrator Other
DistrictCampus		
(S) E-Mail	(S) Phone	
(H) E-Mail	(Cell) Phone	
Accounts Payable Contact		
Contact's Phone	Contact's E-Mail_	
TAFE Advisor's Workshop Registration Fee \$125.00  Payment Method		
Check Amount \$	Check #	_
Credit Card Amount \$ (Add \$5 Processing Fee for Credit Card Payments)		
Credit Card #	Expiration Date	
Name on Card		
Billing Address		<del></del>
City	State	Zip
Signature		

Mail this completed form and payment to: